

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82-a

CERTIFICATE OF DEATH

03171

Reg. Dist. No. 2600

1. PLACE OF DEATH: County..... <u>Somerset</u> City or town..... <u>Princess Anne</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>7 years</u> Hospital, institution, or street address where death occurred: <u>Hampton Ave.</u> How long in hospital or institution?.....			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Somerset</u> City or town..... <u>Princess Anne</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>Hampton Ave.</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....		
3.(a) FULL NAME <u>SOLOMAN ADAMS</u>			3.(b) Social Security Number		
4. Sex <u>Male</u>			5. Color or race <u>Colored</u>		
6.(a) Single, married, widowed, or divorced <u>Married</u>			MEDICAL CERTIFICATION		
6.(b) Name of husband or wife <u>Elizabeth Adams</u>			20. DATE OF DEATH <u>March 10 1947 at 7 9 M</u>		
6.(c) If alive, give age <u>45</u> years			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>March 5 1947</u> to <u>March 9 1947</u> and that I last saw him alive on <u>March 9 1947</u>		
7. Birth date of deceased (mo., day, yr.) <u>December 25, 1898</u>			Immediate cause of death <u>Cerebral hemorrhage</u>		
8. AGE: Years <u>48</u> Months <u>2</u> Days <u>15</u> If less than one day hrs. min.			DURATION <u>1 day</u>		
9. Birthplace <u>Rehobeth-Somerset-Maryland</u> (Town, county, and state)			Due to <u>Hypertension and cerebral arteriosclerosis</u>		
10. Usual occupation <u>Farmer</u>			Due to <u>etc</u>		
11. Industry or business <u>Agriculture</u>			Other conditions		
12. Name			(Include pregnancy within 3 months of death)		
13. Birthplace			Major findings of operations		
14. Maiden name <u>Ella Wilkins</u>				
15. Birthplace <u>Somerset County, Md.</u>			Autopsy results		
16. Informant <u>Pearl Coleman</u>			PHYSICIAN: Please underline the cause to which death should be charged statistically. <u>PHYSICIAN: Please underline the cause to which death should be charged statistically.</u>		
Address <u>128 Rainey St., Chester Pa.</u>			22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of.....		
17. (Burial, cremation, or removal, Which?) <u>Burial</u> Date thereof <u>Mar. 16, 1947</u> (month) (day) (year)			Where did injury occur?..... (City or town)..... (County)..... (State).....		
Cemetery or crematory <u>Marumsco Cemetery</u>			Injured at home, farm, industry, public place (where?).....		
Location <u>RURAL, Marion, Maryland</u>			Means of injury..... Injured at work?.....		
18. Funeral director <u>H. Harvey Bradshaw</u>			23. SIGNATURE <u>Frank Matus MD</u> M. D. or other.....		
Address <u>Crisfield, Md</u>			Address..... Date signed <u>3/12/47</u>		
19. (Date rec'd by registrar) <u>March 12 1947</u>			Registrar <u>R. J. Johnson</u>		

RECEIVED

MAR 14 1947

BUREAU V &

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *MD*

CERTIFICATE OF DEATH

Reg. Dist. No. *265*1. PLACE OF DEATH: *McCreedy Mem. Hosp*County *Somerset*
City or town *Crisfield, Md*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

McCreedy Mem. Hosp

How long in hospital or institution?

10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md* County *Somerset*City or town *Westover*
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John Edward Beauchamp

3. (b) Social Security Number

None

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

*Married*6. (b) Name of husband or wife *Frances V. Beauchamp*6. (c) If alive, give age *71* years

7. Birth date of

deceased (mo., day, yr.) *September 23 - 1860*

8. AGE:

86

Years

Months

Days

If less than one day

3

hrs.

min.

9. Birthplace *Westover, Somerset, Md*
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name

Unknown

13. Birthplace

Unknown

MOTHER

14. Maiden name

Jane

15. Birthplace

Westover, Md

16. Informant

Frances Beauchamp

Address

Westover, Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof *Mar. 29, 1947*
(month) (day) (year)

Cemetery or crematory

Sunny Ridge

Location

Crisfield, Md

18. Funeral director

Howard H. Hubbard

Address

306 Main St, Crisfield, Md

19. Mar 29

(Date rec'd by registrar)

1947

R. E. Johnson, Jr.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *March 26* 19 *47* at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____, to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death

*Critical Coronary**occlusion**Pulmonary infarction**acute Cardiac**dilatation*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

Wm. J. Carlsbourn

SIGNATURE

Crisfield Md 3/29/47

Date signed

Mr. George Coulbourne.

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APR 12 1947

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 270

1. PLACE OF DEATH:

County Somerset
 City or town Hospital McCready, Orifield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 hrs. 35 min.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? 14 hrs. 35 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset
 City or town Marion Station
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Leroy Bishop Jr.
 4. Sex M. 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Child

3. (b) Social Security Number _____

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1945
 8. AGE: Years 1 Months 7 Days 24 If less than one day 1 hrs. min.

9. Birthplace Marion Sta. Somerset.
 (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Leroy Bishop Jr.
 13. Birthplace Marion Sta., Md.
 14. Maiden name Crene Bradshaw
 15. Birthplace North Carolina

16. Informant Crene Bishop
 Address Marion Sta., Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Mar. 17, 1947
 (month) (day) (year)

Cemetery or crematory Branch Cemetery
 Location Marion Sta., Md.
Charles H. Ward

18. Funeral director Charles H. Ward
 Address Marion Sta., Md.

19. Mar 17 47 Charles H. Ward
 (Date rec'd by registrar) (month) (day) (year) registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Mar 15 1947, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 13 1947, to Mar 15 1947
 and that I last saw him alive on Mar 14 1947

Immediate cause of death

Acute Dye 7 heart

DURATION

Due to Acute myocarditis

3 op

Due to Pneumonia

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Mens of injury _____ Injured at work? _____

23. SIGNATURE

George C. Quinn
 M. D. or other _____
 Address Marion Sta Md Date signed Mar 15 47

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MAY 15 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03173

Reg. Dist. No.

1. PLACE OF DEATH:

County Somerset
 City or town Ewell
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 61 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Ewell
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Martha Bradshaw

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Aaron B. Bradshaw

7. Birth date of deceased (mo., day, yr.) May 15, 1864 6.(c) If alive, give age _____ years

8. AGE: Years 82 Months 10 Days 2 It less than one day _____ hrs. _____ min.

9. Birthplace Tangier-Accomac-Virginia
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name Alex Crockett
 13. Birthplace Tangier, Virginia
 MOTHER 14. Maiden name Kathryn Pruitt
 15. Birthplace Tangier, Virginia

16. Informant Calvin Bradshaw
 Address Ewell, Maryland

17. Burial Date thereof Mar. 20, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Ewell Cemetery
 Location Ewell, Somerset County, Md.

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Maryland

19. March 20, 1947 Registrar R. B. Johnson, M.D.
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17th, 1947 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct. 16th, 1946 to March 17, 1947
 and that I last saw her alive on March 17th, 1947

Immediate cause of death Arteriosclerotic Heart Disease DURATION Unknown

Due to -----

Due to -----

Other conditions Arthritis Deformans 7 years plus

(Include pregnancy within 8 months of death)

Major findings of operations -----

Date of op. -----

Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? -----
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

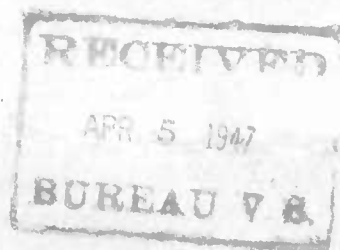
Means of Injury ----- Injured at work? -----

23. SIGNATURE M. G. Chambers, M.D. M. D. or other 3/20/47
 Address Ewell, Maryland Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (BFD)

CERTIFICATE OF DEATH

03174

Reg. Dist. No. 2650

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 50 years
 Hospital, institution, or street address where death occurred:
 113 S. 4th St.

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 113 S. 4th Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

ALEX BRISCOE

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) March 20, 1874

8. AGE: Years 72 Months 11 Days 19 If less than one day hrs. min.

9. Birthplace Leonardtown-St. Marys-Maryland
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Abraham Briscoe

13. Birthplace St. Marys Co., Md.

14. Maiden name Laura Jane Windsor

15. Birthplace Northampton Co., Va.

16. Informant Benjamin Briscoe

Address 113 S. 4th St., Crisfield

17. Burial Date thereof March 12, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lawsonia Colored Cemetery

Location Lawsonia, Crisfield, Md.

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. March 13, 47 R. B. Johnson, Jr. Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9, 1947 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 8, 1947 to Feb 9, 1947 and that I last saw him alive on Feb 8, 1947

Immediate cause of death uremia

DURATION 3 wks

Due to Chronic cardiac -

vascular disease

Due to Chronic nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. G. Rawley M.D.

M. D. or other

Address Crisfield, Md.

Date signed 3/10/47

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APR 5 1947
BUREAU V S
2-35

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

CERTIFICATE OF DEATH

Reg. Dist. No.

260

1. PLACE OF DEATH:

County Somerset
 City or town Upper Fairmount
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Upper Fairmount
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural
 (If rural, give LOCATION)

2.(a) if veteran, name war

3.(a) FULL NAME

WILLARD HOPE CROSWELL

3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Ella White Croswell

7. Birth date of deceased (mo., day, yr.) October 29, 1870
 6.(c) If alive, give age..... years

8. AGE: Years 76 Months 5 Days 0 If less than one day
 hrs. min.

9. Birthplace Upper Fairmount-Somerset-Md
 (Town, county, and state)

10. Usual occupation Carpenter
 11. Industry or business Building

FATHER 12. Name William S. Croswell
 13. Birthplace Marion, Md.

MOTHER 14. Maiden name Martha Pearson
 15. Birthplace Upper Fairmount, Md.

16. Informant Ed Croswell
 Address Upper Fairmount, Md.

17. Burial Burial Date thereof March 31/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Private Cemetery
 Location Upper Fairmount, Md.

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

19. 11/21/47 R. J. Johnson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 19 47 at 9:15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/27 19 47 to 3/29/47 19

and that I last saw him alive on 3/25/47 19

Immediate cause of death Myocardial Failure DURATION 3 days

Due to Chronic Myocarditis 6 mos.

Due to Smoking

Other conditions Acute Rheumatism 2 days

(Include pregnancy within 3 months of death)

Major findings of operations none Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Her. B. White M. D. or other

Address Crisfield, Md. Date signed 9/31/47

NOV 29 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

03175

Reg. Dist. No. 2650

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:
 Maryland Avenue
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Maryland Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

PAUL THOMAS CULLEN

3. (b) Social Security Number

4. Sex..... Male
 5. Color or race..... White
 6.(a) Single, married, widowed, or divorced..... Widowed
 6.(b) Name of husband or wife..... Pauline Richardson
 Deceased
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... June 24, 1984
 8. AGE: Years..... 62 Months..... 8 Days..... 26
 If less than one day..... hrs. min.

9. Birthplace..... Crisfield, Somerset-Md.
 (Town, county, and state)
 10. Usual occupation..... Retired Feed & Coal Dealer
 11. Industry or business.....

FATHER
 12. Name..... Jacob H. Cullen
 13. Birthplace..... Crisfield RFD, Md.
 MOTHER
 14. Maiden name..... Arintha Bell
 15. Birthplace..... Crisfield RFD, Md.
 16. Informant..... Harold Cullen
 Address..... Crisfield RFD, Md.

17. Burial..... Burial Date thereof..... March 23, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... St. Pauls Cemetery
 Location..... Crisfield RFD, Md.
 18. Funeral director..... H. Harvey Bradshaw
 Address..... Crisfield, Md.

19. March 23, 47 R. S. Johnson, Jr.
 (Date rec'd by registrar) 2d Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 20, 1947 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from
 Dead when I arrived
 and that I last saw him..... alive on..... 19.....

Immediate cause of death..... Chronic Myocarditis
 Due to.....

Other conditions.....
 (Include pregnancy within 30 days of death)
 Major findings of operations.....
 Autopsy results..... None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE..... H. H. Bradshaw
 Crisfield Md Date signed..... 3.21.47



2-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 102

CERTIFICATE OF DEATH

03176

Reg. Dist. No. 2680

1. PLACE OF DEATH:

County Somerset
 City or town Dames Quarter
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Definite
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Dames Quarter
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Garfield Fields

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married
 8. (b) Name of husband or wife Ruby Fields
 7. Birth date of deceased (mo., day, yr.) Not obtainable 6. (b) If alive, give age _____ years

8. AGE: Years 78 Months - Days - If less than one day _____ hrs. _____ min.

9. Birthplace Dames Quarter
 (Town, county, and state)
Nabor

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Eliza Fields
 13. Birthplace Dames Quarter
 14. Maiden name Sarah Fields
 15. Birthplace Dames Quarter

16. Informant _____

Address _____

17. Burial Date thereof Mar. 24
 (Burial, cremation, or disposal, which?) (month) (day) (year)

Cemetery or crematory Woodrow M. E.Location Dames Quarter18. Funeral director Deol Island

Address _____

19. Mar. 25 1947 Rosa Welch
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1947, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12 1947 to March 22 1947
 and that I last saw him alive on March 20 1947

Immediate cause of death _____

DURATION

Lobar Pneumonia 7 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

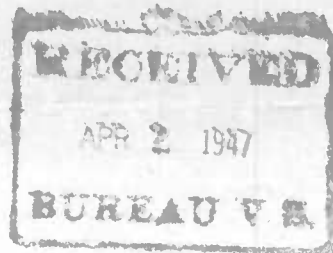
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Eliza G. M. ... M. D. or other _____Address Princess Anne Md Date signed 3.24.47



2-35

Remarques

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No.

03177

2600

1. PLACE OF DEATH:

County Somerset
 City or town Manokin, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 72 years
 Hospital, institution, or street address where death occurred:
Manokin
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Manokin
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

Charles Milbourne Fontaine

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Lydia Chamberlin Fontaine
 6. (c) If alive, give age 72 years
 7. Birth date of deceased (mo., day, yr.) 1875
 8. AGE: Years 72 Months Days If less than one day
 9. Birthplace Manokin Somerset Md.
 (Town, county, and state)
 10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
 12. Name John H. Fontaine
 13. Birthplace Manokin
 14. Maiden name America
 15. Birthplace Rockville Ind.
 16. Informant Virginia Fontaine
 Address Baltimore, Md.
 17. Burial (Burial, cremation, or removal, which?) Burial Date thereof 3-22-47
 (month) (day) (year)
 Cemetery or crematory Presbyterian
 Location Princess Anne
 18. Funeral director Dale Blackwell
 Address Princess Anne Md.
 19. Date rec'd by registrar March 30, 47 Registrar R. J. Johnson M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1947 at 7 P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19, 1947 to March 19, 1947
 and that I last saw him alive on March 19, 1947
 Immediate cause of death Cerebral Embolism DURATION 2 1/2 hrs
 Due to Cerebral Embolism 4/14/46
 Due to
 Other conditions Generalized atherosclerosis
Severe atherosclerosis
 (Include pregnancy within 3 months of death)
 Major findings of operations None
 Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Thos. B. Mulgrew M.D. or other
 Address Princess Anne Date signed 3/24/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 22 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 59

CERTIFICATE OF DEATH

03178

Reg. Dist. No. 365

1. PLACE OF DEATH:

County Somerset
 City or town Manokin
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Manokin
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Margaret Gardner

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife George W. Gardner

7. Birth date of deceased (mo., day, yr.) August 14, 1851 6. (c) If alive, give age _____ years

8. AGE: Years 95 Months 7 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Manokin-Somerset-Maryland
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name William Warwick13. Birthplace Manokin, Maryland14. Maiden name Mary Dorsey15. Birthplace Westover, Maryland16. Informant Mrs. Lillian AlexanderAddress Elizabethton, Tenn.17. Burial Date thereof Mar. 28, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Salem Methodist CemeteryLocation Manokin, Maryland18. Funeral director H. Harvey BradshawAddress Crisfield, Maryland19. Mar. 27 1947 R.H. Johnson, M.D.

(Date rec'd by registrar) (Registral)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1947 at 9:00 A21. I CERTIFY that death occurred on the date above stated; that I attended the deceased from she was dead when Iand that I last saw him was on 1947Immediate cause of death Cardiac sclerosisCarcinoma of DURATION _____toe

Due to _____

Due to Emaciation

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death William H. Corbin, M.D. fill in the following:Accident, suicide, or homicide DEPUTY MEDICAL EXAMINERWhere did injury occur? for examination (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury Harry J. Coulter, M.D. Injured at work? _____23. SIGNATURE H. J. Coulter, M.D.Address Crisfield Md Date signed 3/28/47

RECEIVED

APR 12 1947

BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 172

CERTIFICATE OF DEATH

03179

Reg. Dist. No. 2650

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Broadway
 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
 Street No. Broadway (no number)
(If rural, give LOCATION)
 2.(a) If veteran, name war -----

3.(a) FULL NAME

William Roosevelt Johnson

3.(b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife -----
 6.(c) If alive, give age ----- years
 7. Birth date of deceased (mo., day, yr.) November 4, 1910
 8. AGE: Years 36 Months 4 Days 9 If less than one day ----- hrs. ----- min.

9. Birthplace Crisfield-Somerset-Md.
(Town, county, and state)
 10. Usual occupation Seafood Worker
 11. Industry or business Oyster
 12. Name Ernest Johnson
 13. Birthplace Somerset Co., Md.
 14. Maiden name Frankie Johnson
 15. Birthplace Somerset Co., Md.
 16. Informant Charles C. Morgan
 Address 335 Tyler St., Crisfield
 17. Burial Date thereof March 15, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Lawsonia Cemetery
 Location Lawsonia, Crisfield, Md.
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1947 at 12:15 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 11th 1947 to March 13 1947
 and that I last saw him alive on March 12th 1947
 Immediate cause of death Disordered and enteritis
 Due to infected food
 Due to Hemorrhage from ulcer in duodenum
 Other conditions -----

DURATION

3 days

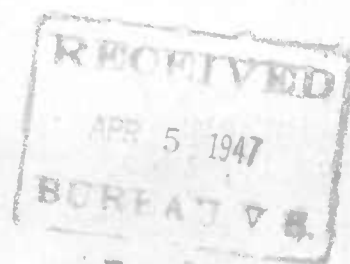
(Include pregnancy within 3 months of death)

Major findings of operations ----- Date of op. -----
 Autopsy results -----
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide ----- Date of -----
 Where did injury occur? ----- (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) -----
 Manner of injury ----- Injured at work? -----

23. SIGNATURE S. Alexander Rose M.D. M. D. or other -----
 Address Crisfield Md Date signed 3-14-47

March 15, 47 R.S. Johnson M.D.
 (Date rec'd by registrar) (month) (day) (year) Registrar



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1952

CERTIFICATE OF DEATH

Reg. Dist. No. 03180 2600

1. PLACE OF DEATH:

County... Somerset
 City or town... Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 years
 Hospital, institution, or street address where death occurred
 How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... MD County... Somerset
 City or town... Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

John William Iking

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

male col single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb 28th 1934
 6.(c) If alive, give age _____ years

8. AGE: Years Months Days If less than one day
13 — 16 _____ hrs. _____ min.

9. Birthplace... Somerset County
 (Town, county, and state)
student

10. Usual occupation

Public School

11. Industry or business

12. Name... Fittetown Iking
 13. Birthplace... Somerset County, MD

14. Maiden name... Ella Dorfman
 15. Birthplace... Somerset County, MD

16. Informant... Ella Iking
 Address... Princess Anne, Md.

17. Burial Date thereof 3-19-1947
 (Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory... St. Mark
 Location... Catonsville, Md.

18. Funeral director... William H. James Jr.
 Address... Princess Anne, Md.

19. March 18, 1947 R. St. Johnson, M.D. Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 16th 1947 at 1:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 16 1947 to March 16 1947 and that I last saw him alive on March 16 1947

Immediate cause of death

Cerebro Spinal Meningitis - 5 weeks

Due to... 9 + 15

Due to... Spury of eye

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE... Ella G. Dorfman

M. D. or other _____

Address... Princess Anne, Md. Date signed... 3-17-47

RECEIVED
MAR 19 1947
BUREAU OF

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

Reg. Dist. No. 2600

1. PLACE OF DEATH:

County Somerset
City or town Eden (West Post Office)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset
City or town Eden
(If outside city or town limits, write RURAL and give nearest town)
Street No. (West Post Office)
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME

Robert Phillip Lipsett

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married8. (b) Name of husband or wife Margaret Lipsett7. Birth date of deceased (mo., day, yr.) 1871 6. (c) If alive, give age 65 years8. AGE: Years 76 Months 3 Days If less than one day hrs. min.9. Birthplace Philadelphia Pa.
(Town, county, and state)10. Usual occupation Pocket Book Maker11. Industry or business Leather12. Name John Lipsett13. Birthplace Philadelphia Pa.14. Maiden name Unknown15. Birthplace 16. Informant William LipsettAddress Eden, R. F. D. 3-38-47 Md.17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 3-28-47
(month) (day) (year)Cemetery or crematory Friendship ChurchLocation East Princess Anne Md.18. Funeral director Dale DaskellAddress Princess Anne Md.19. March 26, 47 R. J. Johnson M.D. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1947 at 8:00 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1945 to March 24 1947 and that I last saw him alive on March 24 1947Immediate cause of death Generalized Arteriosclerosis

DURATION

1 yearDue to Due to Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE Frank Lutton M. D. or other M.D.Address Princess Anne Date signed 3/25/47

RECEIVED

MAR 29 1947

BUREAU V S

1-33-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

CERTIFICATE OF DEATH

Reg. Diat. No.

03182

2610

1. PLACE OF DEATH:

County..... Somerset
 Rural, Crisfield
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:
 Rural, Crisfield
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Somerset
 Rural, Crisfield
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Near Cash Corner
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

GEORGE EDWARD McDORMAN

3. (b) Social Security Number

4. Sex..... Male
 5. Color or race..... White
 6. (a) Single, married, widowed, or divorced..... Widowed

6. (b) Name of husband or wife..... Clara Poleyette
 Deceased
 6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... July 8, 1873

8. AGE: Years..... 73 Months..... 7 Days..... 28 If less than one day..... hrs. min.

9. Birthplace..... Crisfield-Somerset-Md.
 (Town, county, and state)

10. Usual occupation..... Truck Farmer

11. Industry or business..... Agriculture-

12. Name..... James McDorman

13. Birthplace..... Marion, Md.

14. Maiden name..... Maggaline Bradshaw

15. Birthplace..... Hopewell, Md.

16. Informant..... Ernest McDorman

Address..... Crisfield, Md.

Burial Date thereof..... March 9, 1947

(Burial, cremation, or removal. Which?)..... (month) (day) (year)

Cemetery or crematory..... St. Pauls Cemetery

Location..... Rural, Marion, Md.

H. Harvey Bradshaw

18. Funeral director..... Crisfield, Md.

Address.....
 March 12 47 Anna J. Nelson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 6 1947 at 5:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 5 1947 to March 6 1947

and that I last saw him alive on March 6 1947

Immediate cause of death..... Acute Del 7 Hunt

Due to..... Cerebral Hemorrhage

Due to..... Chronic Dist. nephritis

Other conditions..... Chronic nephritis & chronic

(Include pregnancy within 8 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... George E. Bradshaw M.D.

Address..... Marion, Md. Date signed March 8, 1947

Address.....

Date signed.....

RECEIVED

MAR 13 1947

BUREAU V &

1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

03183

Reg. Dist. No. 2600

1. PLACE OF DEATH: Somerset
 County.....
 Rural, Princess Anne
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Lifetime
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:
 Home, above
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Somerset
 City or town..... Rural, Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
 CORNELIA MILES POWELL

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife James H. Powell
 Deceased
 7. Birth date of deceased (mo., day, yr.) November 30, 1855
 8. AGE: Years 91 Months 3 Days 2 It less than one day
hrs.min.

9. Birthplace Princess Anne-Somerset-Md.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name Matthias Miles
 13. Birthplace Somerset County, Md.
 14. Maiden name Caroline Miles
 15. Birthplace Somerset County, Md.

16. Informant Arthur Powell
 Address Princess Anne, Md.
 17. Burial, cremation, or removal, Which? Burial Date thereof March 4, 1947
 (month) (day) (year)
 Cemetery or crematory Manokin Presbyterian Cem.
 Location Princess Anne, Md.
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

March 4, 1947 R. D. Johnson, Jr.
 (Date rec'd by registrar) 9d Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1947, at 2:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19..... to 19.....
 and that I last saw him alive on 19.....

Immediate cause of death Acute Schistosomiasis
 Chronic Cystitis
 DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

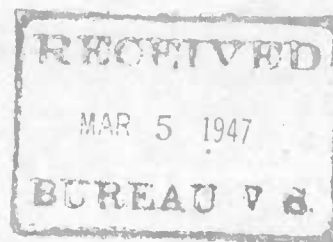
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. D. Johnson, Jr. M. D. or other

Address..... Date signed 3/4-47



1-35-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

CERTIFICATE OF DEATH

Reg. Dist. No.

2650

1. PLACE OF DEATH: Somerset
 County.....
 Crisfield
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 13 years
 Hospital, institution, or street address where death occurred:
 West Broadway
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... West Broadway
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

JANE RUE

3. (b) Social Security Number

4. Sex..... Female
 5. Color or race..... Colored
 6. (a) Single, married, widowed, or divorced..... Widowed
 6. (b) Name of husband or wife..... Unknown
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... Unknown-Approx 1843
 8. AGE: Years..... Months..... Days..... If less than one day.....
 Approx 104..... hrs. min.

9. Birthplace..... Mappsville-Accomac-Virginia
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business..... Home
 12. Name..... Peter Rue
 13. Birthplace..... Mappsville, Virginia
 14. Maiden name..... Unknown
 15. Birthplace..... Unknown

16. Informant..... Ben Rue
 Address..... Crisfield, Maryland
 Burial
 17. (Burial, cremation, or removal, Which?)..... Date thereof..... 3/5/47
 (month) (day) (year)
 Cemetery or crematory..... Hall's Hill Cemetery
 Location..... Rural, Pocomoke, Md.
 18. Funeral director..... H. Harvey Bradshaw
 Address..... Crisfield, Md.

19. 3/4/47 19. Agatha E. Frank
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 1 1947 at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1, 1947, to March 1, 1947, and that I last saw him alive on Feb. 27, 1947.

Immediate cause of death.....
 DURATION.....
 Due to..... Primary in intestinal cancer
 Due to.....
 Other conditions..... Cancerous
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... S. W. Peyton M. D.
 Address..... Crisfield, Md. Date signed March 4, 1947

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

W. J. ...

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1370

CERTIFICATE OF DEATH

Reg. Dist. No. 2600

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 1909
 Hospital, institution, or street address where death occurred:
No
 How long in hospital or institution? No

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war No

3. (a) FULL NAME

John Elliot Smith

3. (b) Social Security Number

No

4. Sex male 5. Color or race AA 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Mrs. Edna Thomas Smith

6.(c) If alive, give age Not known

7. Birth date of deceased (mo., day, yr.) Mar 14, 1882

8. AGE: Years about 65 Months - Days - If less than one day - hrs. - min. -

9. Birthplace Norfolk Co. Virginia
 (Town, county, and state)

10. Usual occupation Teacher

11. Industry or business Prof. of Agriculture Princess Anne College

12. Name Andrew Smith

13. Birthplace Norfolk Co. Virginia

14. Maiden name Patience Taylor

15. Birthplace Norfolk Co. Virginia

16. Informant Mrs. Edna Smith

Address Princess Anne, Maryland

17. (Burial, cremation, or removal. Which?) Burial Date thereof 3-23-'47
 (month) (day) (year)

Cemetery or crematory John Wesley

Location Princess Anne and

18. Funeral director James F. Stewart

Address 402 E. Church St. Salisbury, Md.

19. March 22, 1947 R. J. Johnson, M.D.
 Date signed Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 19, 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 12, 1946 to March 19, 1947

and that I last saw him alive on March 19, 1947

Immediate cause of death Sudden

Death (Cause unknown)

DURATION 1 hour

Due to _____

Due to _____

Other conditions Prosthetic

For Hygienic and Rupture
 (Include pregnancy within 8 months of death)

Major findings of operations _____

Antepartum results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank Waters, M.D.
 M. D. or other Princess Anne
 Address _____ Date signed 3/21

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03185

RECEIVED

MAR 25 1947

RECEIVED

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

Reg. Dist. No. 2600

03186

1. PLACE OF DEATH:

County SomersetCity or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

316 Beckford Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)Street No. 316 Beckford Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Pauline Louise Spence

3. (b) Social Security Number

4. Sex

Female

5. Color or race

col.

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

March 4, 1947

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

1 1/2 hrs. min.9. Birthplace Princess Anne-Somerset-Md.
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

MOTHER FATHER

12. Name

Roland Spence

13. Birthplace

Venton, Md.

14. Maiden name

Betty Hearn

15. Birthplace

Princess Anne, Md.

16. Informant

Roland Spence
316 Beckford Ave. - P. Anne Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

March 5, 1947
(month) (day) (year)

Cemetery or crematory

John Wesley Cemetery

Location

Princess Anne, Md.

18. Funeral director

Father Roland Spence

Address

Princess Anne, Md.

19.

(Date rec'd by registrar)

19

47R. S. Johnson M.D.
g.d. Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 4, 1947 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to ... 19...

and that I last saw him alive on

19...

Immediate cause of death

not known

DURATION

Due to

Pneumonia5 1/2 mo.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. S. Johnson M.D.

M. D. or other

Address

Princess Anne, Md.

Date signed

Mar. 5-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ARTESIAN WELLS

RECEIVED

MAR 6 1947

BUREAU V.S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

03187
265
Reg. Dist. No.

1. PLACE OF DEATH:

County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Anne Sterling

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband, or wife Benjamin F. Sterling 6. (c) If alive, give age 67 years
7. Birth date of deceased (mo., day, yr.) January 29, 1882
8. AGE: Years 65 Months 2 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Crisfield-Somerset-Maryland
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

FATHER 12. Name Algie S. Sterling
13. Birthplace Crisfield, Maryland
MOTHER 14. Maiden name Margaret S. Sterling
15. Birthplace Crisfield, Maryland
16. Informant Benjamin F. Sterling
Address Crisfield, Maryland
17. Burial Date thereof April 1, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Asbury Cemetery
Location Crisfield, Maryland
18. Funeral director H. Harvey Bradshaw
Address Crisfield, Maryland

19. Mar 30 1947 R. E. Johnson, M.D.
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1947 at 11:30 A

21. CERTIFY that death occurred on the date above stated; that I attended deceased from March 3 1947 to March 28 1947
and that I last saw her alive on March 28 1947

Immediate cause of death Coronary thrombosis DURATION _____
Due to Arterio sclerosis
and Chronic Myocarditis

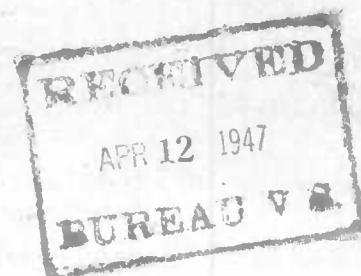
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Wm. J. C. [Signature] M.D. March 30 - 1947
Address Crisfield



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

03188

SOMERSET CERTIFICATE OF DEATH

Reg. Dist. No. 2680

1. PLACE OF DEATH:

County.....Danvers North Md
 City or town.....Danvers North Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:Refuse
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Somerset
 City or town.....Danvers Quarter
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Mary Vereen

3. (b) Social Security Number

4. Sex.....Female 5. Color or race.....Blk 6.(a) Single, married, widowed, or divorced.....Widow
 6.(b) Name of husband or wife.....Ernest Vereen
 7. Birth date of deceased (mo., day, yr.).....Not Obtainable 6.(c) If alive, give age.....Not Obtainable years

8. AGE: Years.....89 Months..... Days..... It less than one day..... hrs. min.

9. Birthplace.....Danvers North Md
 (Town, county, and state)

10. Usual occupation.....Householder

11. Industry or business.....labor

MOTHER FATHER
 12. Name.....Wesley Elger
 13. Birthplace.....Danvers North Md
 14. Maiden name.....Edna Elger
 15. Birthplace.....Danvers North Md

16. Informant.....

Address.....

17. (Burial, cremation, or removal, Which?) Date thereof.....Macedonia Md.
 Cemetery or crematorium.....Danvers North Md
 Location.....Refuse

18. Funeral director.....Deal Island Md
 Address.....

19. Mch 25 1947 Rona Webster
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....Mch 21st 1947, at 6:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Sept 1st 1946 to March 21 1947
 and that I last saw her alive on March 20th 1947

Immediate cause of death.....

DURATION

Chronic myocarditis 2 years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

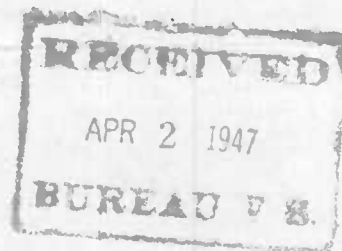
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE.....Edna G. M. Webster
 M. D. or other

Address.....Princess Anne Md Date signed.....3-24-47



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:

County DanversCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred: None

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DanversCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)Street No. R 56 #1

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

Harry W. Helton

3. (b) Social Security Number

214-03-50974. Sex Male5. Color or race White6. Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife Glenn7. Birth date of deceased (mo., day, yr.) Oct 29, 18788. AGE: Years 68 Months 4 Days 23 If less than one day9. Birthplace Crisfield
(Town, county, and state)10. Usual occupation Waterman11. Industry or business Isaac Hanson12. Name Thomas H. W. Helton13. Birthplace Crisfield14. Maiden name Margaret Cammie15. Birthplace Crisfield16. Informant Ruth HeltonAddress Crisfield17. Burial, cremation, or removal. Which? Burial Date thereof 3/9/47
(month) (day) (year)Cemetery or crematory Sunny RidgeLocation Crisfield18. Funeral director W. S. JohnsonAddress 396 Main St19. Date rec'd by registrar 4/14/4720. Registrar R. S. Johnson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 6 19 47 at 7:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead when I wasand that I last saw him Collared 19 47Immediate cause of death Hit by AutomobileDue to while he was ridingDue to Bicycle - ShockOther conditions Fractured Skull

(Include pregnancy within 8 months of death)

Major findings of operations NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide Date of Mar 6 47Where and how occurred Crisfield Md (City or town) (County) (State)Injured at home, farm, industry, public place (where) on StreetMeans of injury Hit by auto while on BicycleName of physician W. S. Johnson23. SIGNATURE W. S. JohnsonAddress Crisfield MdDate signed 3/9/47

WILLIAM H. CARLBOROUGH, M.D.
DEPUTY MEDICAL EXAMINER
FOR KENT COUNTY, MD.

RECEIVED

APR 17 1947

BUREAU V. H.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 03189 2660
 Reg. Diat. No. 2660

1. PLACE OF DEATH: Somerset
 County.....
 City or town..... Ewell, Smith Island
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
 Rural
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Somerset
 City or town..... Ewell, Smith Island
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Rural
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME SARAH OLIVIA WHITELOCK

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife John E. Whitelock
 Deceased 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) April 14, 1874
 8. AGE: Years 72 Months 11 Days 8 If less than one day
 hrs. min.

9. Birthplace..... Ewell-Somerset-Maryland
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business Home
 12. Name..... Thomas C. Evans
 13. Birthplace..... Ewell, Md.
 14. Maiden name..... Mary C. Bradshaw
 15. Birthplace..... Ewell, Md.
 16. Informant..... Ben C. Whitelock
 Address..... Ewell, Md.
 17. Burial..... Date thereof..... March 25-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Ewell M. E. Cemetery
 Location..... Ewell, Smith Island, Md.
 18. Funeral director..... H. Harvey Bradshaw
 Address..... Crisfield, Md.
 19. March 25, 47 R. J. Johnson, M.D. Registrar
 (Date rec'd by registrar) 19.....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 22, 1947, at 2:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 16, 1946, to March 22, 1947, and that I last saw her alive on March 22, 1947.

Immediate cause of death..... Arteriosclerotic heart disease with decompensation and edema Cardiaca
 DURATION Unknown

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

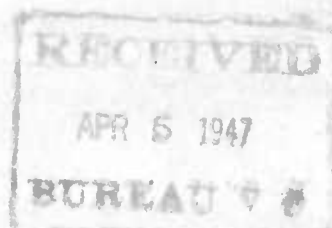
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... M.G. Chambers M. D. on file

Address..... Ewell, Maryland Date signed..... 3/25/47



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03190

Reg. Dist. No. 261

1. PLACE OF DEATH: Somerset County
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Somerset
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(c) If veteran, name war.....

3. (a) FULL NAME
 W. B. Whittington

3. (b) Social Security Number
 214-18-4809

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Maggie Whittington
 7. Birth date of deceased (mo., day, yr.) Don't know 6.(c) If alive, give age..... years

8. AGE: 69 Years Months Days If less than one day
 hrs. min.

9. Birthplace Somerset County Md.
 (Town, county, and state)

10. Usual occupation Minister

11. Industry or business

12. Name Peter D Whittington

13. Birthplace Somerset County

14. Maiden name Sally Lloyd

15. Birthplace Somerset County

16. Informant Louise Lane

Address Marion Md.

17. Burial Date thereof Nov 17 47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Family Cemetery

Location Marion

18. Funeral director George W. Tilghman

Address Marion Md.

19. Mar 12 47 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 9 1947 at 1030 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1 1947 to Mar 9 1947
 and that I last saw him alive on Mar 8 1947

Immediate cause of death Asphyxia due to heart failure
 DURATION 3 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Antopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. or other

Address..... Date signed Mar 14 47

RECEIVED

MAR 13 1947

BUREAU V S.

1-35-